ANNEX C
FORM 1

National School Deworming Day

Classroom Level

Province: _____
Division: _____
District: _____
Name of School: _____
School Address: _____
Enrolment: _____
Grade Level & Section: _____

Name of Child	Enrolment		Handwashing Done	Feeding Done	Dewormed		Toothbrushing Done	Remarks	Action Taken
	4Ps	Non 4Ps			4Ps	Non 4Ps			